

57070

## CALIFORNIA LIQUID WASTE HAULER RECORD

015-

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000598

## PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO. OF AMERICA ☐ ☐ ☐ ☐ ☐ ☐  
(PRINT OR TYPE) CODE NO.Pick up Address: 5151 ALCOA AVE. VERNON CA  
(NUMBER) (STREET) (CITY)Telephone Number: 213 588 6141 P.O. or Contract No.: LA 770749Order Placed By: J. HERON Date: 1-10-78Type of Process which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐ ☐ ☐  
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

## Check type of wastes:

- |                                               |                                                    |                                                         |
|-----------------------------------------------|----------------------------------------------------|---------------------------------------------------------|
| 1. <input type="checkbox"/> Acid solution     | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste              |
| 3. <input type="checkbox"/> Pesticides        | 8. <input type="checkbox"/> Tank bottom sediment   | 13. <input type="checkbox"/> Latex waste                |
| 4. <input type="checkbox"/> Paint sludge      | 9. <input type="checkbox"/> Oil                    | 14. <input checked="" type="checkbox"/> Mud and water   |
| 5. <input type="checkbox"/> Solvent           | 10. <input type="checkbox"/> Drilling mud          | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) ALUMINUM OXIDES + WATER ☐ ☐ ☐ ☐ ☐ ☐  
CODE NO.Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

## Hazardous Properties of Waste:

pH 7.9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other ☐ ☐ ☐ ☐  
(SPECIFY)Containers: ☐ drums ☐ cartons ☐ bags ☒ other TANK  
(NUMBER) (SPECIFY)Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other ☐ ☐ ☐ ☐  
(SPECIFY)

Special Handling Instructions (if any):

NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

N. Polinski  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

## HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 1-21-78 Time: 15 ☐ am ☐ pm  
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No. 4Vehicle: A vacuum truck 100 barrels, ☐ flatbed, ☐ other \_\_\_\_\_  
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve Pinsky  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Ind Monterey Park ☐ ☐ ☐ ☐ ☐ ☐  
CODE NO.

Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

## Handling Method(s):

☐ recovery☐ treatment (specify):

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 1-21-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_

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